
Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

Email Address (if any)

IN THE DISTRICT COURT FOR THE _____ JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

_____,
Petitioner,
vs.
_____,
Respondent.

Case No. _____

ACKNOWLEDGMENT OF SERVICE
BY RESPONDENT

I, _____, the Respondent in the above-entitled
action, admit and acknowledge that service of a copy of the Petition together with a
Summons ☐ Order to Attend parent education program ☐ Joint Temporary Restraining
Order (Children) ☐ Joint Temporary Restraining Order (Property) ☐ other _____

was made on me because I received them on the ____ day of _____, 20__.

I certify that: I am over the age of eighteen, I am mentally competent, I read and write the
English language; and:

[check all that apply]:

☐ I am not in the uniformed services as defined by the Servicemembers Civil Relief Act of 2003, **or**

☐ I am in the uniformed services as defined by the Servicemembers Civil Relief Act of 2003. I understand and waive my rights under the Act.

☐ I submit to the jurisdiction of this court, decline to plead, waive hearing, and agree that a final decree be entered.

CERTIFICATION UNDER PENALTY OF PERJURY

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Date: _____

Typed/Printed Name

Signature